MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 26193
Registered No. 7399

1. PLACE OF DEATH

County ..... Registration District No. 283
Township ..... Primary Registration District No. 208
City St Louis (No. 3902a Page St. ..... Ward)

2. FULL NAME May J. Evans

(a) Residence. No. 3902a Park St., 17 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Evans

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 7 - 1848

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
80	9	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Wm Parker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Margaret Kelly
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not Known

14. INFORMANT Ervin W. Evans
(Address) 3943 Foldom Ave

15. FILED 1 16, 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15 1929

17. I HEREBY CERTIFY, That I attended deceased from ~~5:30 PM~~ June 26, 1929, to July 15, 1929 that I last saw her alive on July 12, 1929, and that death occurred, on the date stated above, at 5:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Heart trouble
92A
97
abt (duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 10 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) W Antoine Hall, M. D.
July 16, 1929 (Address) 1625 Town Grove Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St Clair Mo	July 17 1929

20. UNDERTAKER	ADDRESS
Fred M Williams	4617 Delmar

235

31

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.